

## CITATION SPEEDING VIOLATION

Mail Date: 5/21/10

John Doe 1000 Any Street Anywhere, USA 12345 <Ticket #>

Please take notice that the vehicle described and pictured herein was detected by radar exceeding the posted speed limit in violation of Maryland State Law TA 21-809. The pictured vehicle was traveling at the speed listed below at the place, date, and time specified. Therefore, under Maryland State Law TA 21-809, as the registered owner(s) or lessee (six months or more) you are liable for the violation. Unless you elect to go to court, a civil penalty in the amount of \$40.00 must be paid by the date due shown on this notice

WARNING: FAILURE TO PAY THE PENALTY SHOWN OR TO CONTEST LIABILITY DESCRIBED IN THE NEXT PARAGRAPH MAY RESULT IN THE REFUSAL OR SUSPENSION OF THE MOTOR VEHICLE REGISTRATION.

You must pay or contest this citation by the date due noted below. If you appear in court, the maximum amount you can be charged is a \$40.00 fine and court costs. Instructions for payment and adjudication are on the reverse of this notice.

Recorded images are evidence of a violation of the Maryland Law

prohibiting exceeding maximum posted speed limit.



#### Certificate

I am an agent or employee of the Montgomery County Police Department. Based on inspection of the recorded images shown above, the motor vehicle was operated in violation of TA 21-809, as evidenced by the above images. Sworn to or affirmed by:

Approver \_\_\_\_\_\_ ID #\_\_\_\_\_





Citation Number: MC123456789 Violation Date: 05/07/10 Vehicle Speed: 53 Due Date:6/20/10

Location: Test Location

Vehicle Tag: MD 123456 Violation Time: 13:54:59 Posted Speed: 30 Amount Due: \$40

PAYMENT OF THE PENALTY AMOUNT FOR THE VIOLATION WILL NOT RESULT IN POINTS AND CANNOT BE USED TO INCREASE YOUR INSURANCE RATES.

A Public Safety Program of the Montgomery County, Maryland Automated Traffic Enforcement Unit: 1-866-818-3844



Send Check or Money Order Payable to:

Montgomery County

Rockville, Maryland 20849

NAME & ADDRESS OF REGISTERED OWNER:

Post Office Box 10549

John Doe 1000 Any Street Anywhere, USA 12345

### REMITTANCE ADVICE - RETURN WITH PAYMENT

You can view full color images and pay online at: <a href="http://www.public.cite-web.com">http://www.public.cite-web.com</a>
Citation Number: MC123456789 Pin Number: xxxxxxxx

| Date Due | Fine Amount Due |  |
|----------|-----------------|--|
| 6/20/10  | \$40            |  |

I WAIVE MY RIGHT TO A HEARING AND ELECT TO PAY. PAYMENT IS CONSIDERED AN ADMISSION OF LIABILITY.

# IF YOUR PAYMENT OR COURT REQUEST IS NOT RECEIVED WITHIN THIRTY ( $\underline{30}$ ) CALENDAR DAYS OF THE MAIL DATE OF THE TICKET, A PENALTY OF \$25 WILL BE ASSESSED

### **Payment Options:**

PAY BY WEB: Go to <a href="http://www.montgomerycountymd.gov/safespeedpay">http://www.montgomerycountymd.gov/safespeedpay</a> to pay via credit card (VISA/MC).

**PAY BY PHONE:** Call 1-866-818-3844 and follow the automated prompts. Please have your ticket number and credit card ready.

<u>PAY BY MAIL:</u> Check or money order should be made payable to **Montgomery County**. Mail your payment and remittance stub to: **P.O. Box 10549, Rockville, MD 20849**. Write the citation number and license plate number on your check or money order TO ENSURE PROPER CREDIT. Returned checks are subject to electronic redeposit for the face amount and a returned check fee of \$35.00. **DO NOT SEND CASH**.

**WALK-IN PAYMENTS:** Pay in person at 4040 Blackburn Ln. Suite 200, Burtonsville, MD (Monday-Friday 8:00am-5:00pm), or 255 Rockville Pike Rockville, MD. Entrance on Monroe Street (Monday – Friday 8:00am-4:30pm). Methods of payment accepted are cash, check, money order or credit card (Visa/MC).

Both the District Court and the Department of Police will make any reasonable accommodation for persons with disabilities. Requests must be directed to the appropriate agency prior to visiting the facility. **Safe Speed Customer Service 1-866-818-3844, District Court: (301) 279-1520.** 

### TO REQUEST A COURT DATE:

- 1) To request a hearing, complete the request form below at least five (5) days prior to the due date of this notice and return it to: **P.O. Box 10549, Rockville, MD 20849**. You must appear in Court or pay the citation by the scheduled court date to avoid being assessed court fees.
- 2) If you, as the registered owner, were not operating the vehicle at the time of this infraction and choose to identify the person who was, you shall provide to the District Court a sworn to and affirmed statement and mail by certified mail. Your statement must swear and affirm that the person named in the citation was not operating the vehicle at the time of the violation and include any other corroborating evidence. All requests must be received no later than thirty (30) days after the mail date of the citation. Send your request in an envelope clearly marked "Transfer of Liability" to: Automated Traffic Enforcement Unit, P.O. Box 10314, Gaithersburg, MD 20898-0314
- 3) If you want to request the speed monitoring system operator be present and testify at the hearing, you are required to submit a separate request in writing no later than twenty (20) days before your scheduled hearing date. Please include the citation number on your request. Send this correspondence in an envelope marked "Operator Request" to: **P.O. Box 10549, Rockville, MD 20849.**

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|--|---|-------------------|--|
| ō  | (Detach and Return to Request a Hearing)                                    |                   |  |
| $\square$ I AM CONTESTING THIS CITATION AND ELECT TO HAVE A HEARING. |   |                   |  |
| CITATION #   | CONTACT PHONE #   |                   |  |
|  | n of the place, time and date of your hearing.                              |                   |  |
| ☐ MY VEHICLE WAS ST  | OLEN  |                   |  |
| The owner MUST provide a c   | opy of the police report detailing that the vehicle or tag was stolen prior | to the violation. |  |